



Virginia Peninsula Chamber of Commerce York County Chamber of Commerce Business Survey

One of our goals is to assist the average business owner with skills necessary to be successful. The information gained from this survey will assist the VPCC and YCCC in offering courses that will be meaningful to your businesses growth and development.

Name of Business	email
Owner/Manager_	Type of Business
Address	Phone
	Fax
# of Entry Level Personnel # of Management	
Please indicate your preference of topic in each category (1) is your first choice, (2) is your second choice and (3) is your third choice
Early Business Development	Facility/Store Operations
Business Planning	Difficult Customers/Customer Service
Finance/Budgeting	Inventory Control and Analysis
City and State Codes	Loss Prevention/Legal Issues
Creating your Niche	Receiving Stocking/Distribution
	Store Staffing
Marketing	Government Contracts
Marketing Research	Expansion
Database Marketing	 .
Computer Analysis	Financing
Marketing Strategies/Promotions	Banking and Loans
Advertising/Direct Mail	Budgeting/Internal reporting
Basic/Advanced Internet Strategies	Cost Reduction/Containment
Visual Merchandising Techniques	Capital Resources
Public Relations	Eroding Margins
Effective use of Sales Promotions	Factoring Accounts Receivables Refinancing Loans
Marchandising Miv	
Merchandising Mix Assortment Planning	Taxation Rent vs. Own
Assortine Flaming Merchandising	Local & State Incentives
Open to Buy	Both & State Media ves
Pricing Strategies	Technology
Vendor Relations/Negotiation	Information Systems
Store Layout	Patents & Copyrights
Just in Time Inventory Practices	Government Commercialization
Management	Human Resources
Long-range Planning	Managing Healthcare Costs
Management and Business Controls	Compensation and Benefits
Strategic Planning Resources	Basic Skills/Empowerment
Vision and Culture	Hiring/Firing/Legal Issues
	Training and Motivating
Exporting	Workforce Development
Financing	
International Marketing	
Other important topics not listed (please be specific)	:
1. How long would you like the training to	last? (Select two and indicate first and second preferences)
1 Hour 1 to 2 Hours 2 to 3 Hour	ng 1/4 Day Full Day
1 Hour 1 to 2 Hours 2 to 3 Hour	rs ⁷ 2 Day Full Day
2. What time of day is most convenient? (S	Select two and indicate first and second preferences)
Early Morning Late Morning Ea	arly Afternoon Late Afternoon Evenings
	:30 – 3:30pm 3:30 – 6:30pm 6:30-9:30pm
3. Which would be the best day of the week	x? (Select two and indicate first and second choices)
M T W TH	F Sat
4. Would you attend follow-up sessions to	discuss what you learned and how it worked for you?
Ves No	